

University Associates, Inc. 165 Mitchell Street Montevallo, Alabama 35115 Phone 205-665-7520  
\$25.00 Fee

## Rental Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Present Address \_\_\_\_\_ Email Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Are you a student at the University of Montevallo?  Yes  No What year are you? \_\_\_\_\_

If you answered yes above, who will be paying for the apartment?  Me  My parents\*  Both\*

If you are paying for all or part of your rent, please enter the employment information below:

### Employment \*or Parent's Employment\*

Present Occupation \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Years \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### References

Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Local Friend \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Other Information

Present Bank \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Car Tag Number \_\_\_\_\_ State \_\_\_\_\_ Car Make \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

What size apartment do you want?  1  2  3  4 Bedrooms

When would like your lease to start? \_\_\_\_\_

Do you smoke?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_